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Date	Client/Matter Number		
September 20, 2005	211467-00197		
From	Attorney Number		
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Phone	Fax		
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Total number of pages, including cover letter: pages  
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12 pages

**Comments**

RE. Patent Application No.: 10/670,101  
Filing Date: September 24, 2003  
Inventor: James Matthew Murruck  
Title: A1/A10x/A1 Resistor Process for Integrated Circuits  
Confirmation No.: 8150  
Please file the attached:  
Transmittal Form (1p.)  
Fee Transmittal Form (1 p.)  
Response to Notice of Non-compliant Amendment (7 pp.)  
Petition for Extension of Time (1p.) in duplicate

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10670.101
	Filing Date	September 24, 2005
	First Named Inventor	James Marlow Murdock
	Art Unit	2815
	Examiner Name	Wojcikowicz, Edward J.
Total Number of Pages in This Submission	Attorney Docket Number	211467-00197

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below).
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Katten Muchin Rosenman LLP	
Signature		
Printed name	John S. Paniagua	
Date	September 20, 2005	Reg. No. 31,051

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Type or printed name	Janelle A. Wiggins
Date	September 20, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,020.00

**Complete if Known**

Application Number	10/670,101
Filing Date	September 24, 2005
First Named Inventor	James Matthew Murduck
Examiner Name	Wojciechowicz, Edward J.
Art Unit	2815
Attorney Docket No.	211467-00187

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-1214 Deposit Account Name: Katten Muchin

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Penalty for Extension of Time (3-month)

\$1,020

**SUBMITTED BY**

Signature	<i>John S. Panagias</i>	Registration No. 31,051 (Attorney/Agent)	Telephone (312) 802-6200
Name (Print/Type)	John S. Panagias		Date September 20, 2005

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